examined the news reports from online journals, websites, and reputable news outlets to determine the most likely reason for drug failure. **RESULTS:** Of 31 products included in the analysis 16 failed to meet the expectations announced in the month prior to launch. We attributed price or reimbursement as the reason that seven of the 16 products failed to meet market expectations. Competition due to existing product dominance, near-simultaneous launches for the same patient population, and widely available generics explained the failure of five products. Efficacy questions and label restrictions contributed to the slow uptake of three products. Capacity can be faulted on another product. **CONCLUSIONS:** As the landscape changes, manufacturers must consider product differentiation and market assessment early to anticipate the market's price threshold to avoid a key pitfall in new product launches.

PHP111
ANALYZING INVESTOR PREFERENCE TOWARDS BIO-TECHNOLOGY COMPANIES IN DIFFERENT PHASES
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OBJECTIVES: While many small biotechs are acquired by larger pharmaceuticals, few attempt a full scale commercialization of their product. We analyzed the stock market returns of three small, single drug bio-technology firms which had drugs approved by the FDA in 2010. **METHODS:** The historical prices adjusted for corporate action were used for all three firms from Q4 2007 through Q3 2012 which accounted for 1,261 trading days per company. All products have been approved by the FDA for at least 8 quarters. Each company's prices were broken up into daily and quarterly intervals as well as pre-launch and post-launch. Simple statistics and t-tests were run on the stock returns for all intervals. **RESULTS:** On average, the pooled total return associated with the pre-launch phase was 212.6% higher than post-launch. The average pooled quarterly and daily returns during the pre-launch period were 19.1% and .37% higher than the post-launch period, respectively. The standard deviation of the daily returns during the pre-launch period was on average 24% higher than during the post-launch period. A two-tail t-test assuming unequal variances was run on each of the daily stock prices with a hypothesized mean difference of 0 between pre-launch and post-launch, for all three of the companies the p-value was <0.05. **CONCLUSIONS:** Investors seemed to prefer the pre-launch period which received a greater return on investment. The difference in the mean prices for each company in the different phases was statistically significant. However this analysis is relatively early in the post-launch term for each drug as smaller companies tend to gain market share more slowly than larger pharmaceuticals. The stock returns of these companies seem to be highest in the pre-launch phase as opposed to post-launch.

PHP113
TRENDS IN PUBLICATION OF COMPARATIVE VALUE ASSESSMENTS FOR INTERVENTIONS IN CANCER, DIABETES AND CARDIOVASCULAR DISEASES FROM 2010 TO 2012
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OBJECTIVES: To describe the trends in published comparative cost analyses from 2010 through 2012 for interventions in cancer (CA), diabetes (DM), and cardiovascular diseases (CVD). **METHODS:** A PubMed search of articles published between January 2010 and December 2012 was conducted utilizing the following search strategy/terms: (cost-effectiveness OR cost-utility OR cost-benefit) AND (cancer OR diabetes OR cardiovascular diseases). Articles were excluded if they: 1) did not contain sufficient information to determine the type of analysis conducted; 2) focused on a sequelae of a treatment; 3) no comparative analysis was conducted; 4) only costs were considered; or 5) were reviews, editorials, or commentaries. The abstracts of the articles, not the full articles themselves, were evaluated and used to classify comparative economic analyses by disease focus, intervention type, intervention target (e.g., treatment, prevention), economic analysis performed, geographic region of population/perspective of the analysis, and primary/corresponding author affiliations. Descriptive statistics were conducted in PASW Statistics 18.0. **RESULTS:** The initial search yielded 3,868 abstracts. Of these, 725 studies were retained in the final analysis (254 in 2010, 226 in 2011, 245 in 2012). In 2010, 2011 and 2012, respectively, 134, 119, 150 studies were in CA, 25, 23, 35 in DM, and 95, 84, 60 in CVD. Approximately 63.7% of studies across years focused on active treatment or secondary prevention. A pharmaceutical, vaccine, or lifestyle intervention was the focus in 47.9% of studies. A majority (70.2%) of the studies utilized cost-utility analyses, which was consistent across all years, with most study populations/study perspective in European countries. **CONCLUSIONS:** Comparative economic analyses from 2010-2012 had a heavy focus on active or secondary interventions in CA and in European populations. As value-based pricing and health care reform emerges, more extensive utilization and publication of comparative cost effectiveness analyses will be required.

PHP115
THE HEALTH AND ECONOMICS BULLETIN – AN ANALYSIS OF FOUR YEARS OF PUBLICATION
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OBJECTIVES: The Health and Economics Bulletin is an electronic periodic of The Brazilian Health Surveillance Agency (ANVISA). It aims to provide information to health care decision-makers and patients when there is more than one pharmaceutical option to treat the same disease and there is no scientific evidence of superiority in terms of safety and efficacy among drugs. This bulletin intends to improve health care efficiency when it points out the differences on treatment costs among the drugs. The objective of this study is to analyze all editions of The Health and Economics Bulletin available on ANVISA website. **METHODS:** Data were collected from editions of Health and Economics Bulletin published since August 2009 (month of launch) until September 2012. The variables considered were: number and type of diseases, therapeutic classes, active substance, drugs and treatment costs. **RESULTS:** Eight editions of the bulletin were published and each number addressed a different disease such as osteoporosis, glaucoma, gastroesophageal reflux, arterial hypertension, epilepsy, dyslipidemia, erectile dysfunction and allergic rhinitis. In total, 12 therapeutic classes were evaluated which comprises biphosphonates and oral antihistamines on osteoporoses and allergic rhinitis editions, respectively. A total of 33 active substances and 64 drugs were assessed, including generics, similars and brand drugs. Sixty four costs of treatment were performed which demonstrated considerable differences between drugs prescribed for the same disease. For example, on the allergic rhinitis edition, it was found 231% of difference on treatment costs between the most expensive and the lowest cost drugs although they have similar safety and efficacy levels, based on scientific evidences. **CONCLUSIONS:** The Health and Economics Bulletin is an important information tool and was elaborated to improve the critical view of health care decision-makers and patients. Considering differences of treatment costs among drugs that have the same safety and efficacy, they can select the drugs more efficiently.

HEALTH CARE USE & POLICY STUDIES – Health Technology Assessment Programs

PHP116
EFFECTS OF IMPLEMENTATION OF COMPUTERIZED PROVIDER ORDER ENTRY ON THE WORKFLOW OF THE INPATIENT HOSPITAL ORDER ENTRY PHARMACIST
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OBJECTIVES: The amount of time spent in different activities by inpatient order entry pharmacists in a computerized provider order entry (CPOE) versus a non-CPOE setting. **METHODS:** A prospective, pretest-posttest, time and motion study design was used to compare the workflow of order entry pharmacists in an inpatient hospital setting. Randomized data collection was conducted at two time periods in the same hospital: the pretest period was immediately before implementation of the CPOE system and the posttest period was 5.5 months post-implementation. A pre-validated data recording instrument was used to record 37 different pharmacist tasks, which were grouped into four activities: clinical, distributive, administrative, and miscellaneous. Comparisons of the amount of time spent by the order entry pharmacist per hour in each of the four different activities were conducted. SAS® version 9.3 was used to analyze the data, with statistical significance set at 0.05. **RESULTS:** A total of 37 hours were collected pre-intervention, and 42 hours post-intervention. The amount of time (mean number of minutes per hour±SD pre-intervention versus post-intervention, *p*-value) for the activities were: clinical (2.0±3.8 vs. 1.9±2.6, *p*=0.89); distributive (45.2±11.3 vs. 49.3±8.1, *p*=0.11); administrative (10.6±9.8 vs. 6.0±6.5, *p*<0.05); and miscellaneous (2.1±3.2 vs. 2.8± 4.0, *p*=0.64). **CONCLUSIONS:** Less time was spent by order entry pharmacists in the administrative activity after the implementation of CPOE, which translates to more pharmacist time spent in other activities. Management should to be aware of the implications of CPOE implementation on pharmacist workflow.

PHP117
EXPLORING DIFFERENCES ACROSS THE INDEPENDENT ACADEMIC CENTRES IN THE OUTCOMES OF THE NICE APPRAISAL PROCESS
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OBJECTIVES: When developing technology appraisals guidance, NICE (National Institute for Health and Clinical Excellence) commissions an independent academic centre to critically appraise the manufacturer's submission and prepare an Evidence Review Group (ERG) report that reviews the published evidence on the relevant technology. NICE has used 11 different academic centres to support the work of appraisal committees in the Single Technology Appraisal (STA) process and this research aimed to explore whether there were differences in acceptance rates between these centres. **METHODS:** All final appraisal determinations (FADs) resulting from STA processes were identified (August 2006 – December 2012) from which the recommendation and the appraising academic centre were extracted. Acceptance rates were compared across the 8 academic centres that made at least 5 recommendations using a Chi squared test. **RESULTS:** This research considered 94 submissions, from which 106 recommendations were generated. The number of acceptances or rejections was not found to differ significantly by centre (p=0.810). Of these centres, the highest proportion of NICE positive recommendations followed ERG appraisals by Southampton (86%) and the lowest proportion by Liverpool (61%). In between were Peninsula (78%), York (77%), Sheffield (76%), Aberdeen (67%), Kleijnen (67%), and Birmingham (62%). Nevertheless, the considered therapy areas substantially varied between different academic centres, with certain therapy areas being preferentially or even exclusively appraised by specific centres. Oncology was the most commonly-appraised area overall (47% of recommendations) and the appraisal of oncology submissions was not evenly distributed between the different academic centres (P<0.001). There were no significant variations in the distribution of orphan drugs assessed or in the proportion of restricted recommendations issued. **CONCLUSIONS:** Despite large variations in therapy areas considered, the likelihood of a positive recommendation does not appear